

Image# 202405059645473029

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) farber, stuart, , dr,			2. Candidate's FEC Identification Number H6FL09245	
(b) Address (number and street) 8906 jonathan manor		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code orlando FL 32819		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation NPA	5. Office Sought House	6. State & District of Candidate FL 09		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) committe to elect dr stuart Farber		
(b) Address (number and street) 8906 Jonathan Manor		
(c) City, State, and ZIP Code orlando FL 32819		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate farber, stuart, , ,	Date 05/05/2024
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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